## 57335

## CALIFORNIA HAZARDOUS WAȘTE MANIFEST

Manifest See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Number Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 **GENERATOR** Designated TSD Facility (Authorized to operate under an Alternate TSD Facility (Generator Must Complete) SFUND RECORDS CTR approved state program or federal program) 999000863 Name Name EPA NO: EPA NO. EPA NO. Address Address City, State, Zip City, State, Zip U.S. DOT UN/NA WEIGHT OR U.S. DOT PROPER SHIPPING NAME **CONTAINERS NUMBER:** DRUMS ☐ BAGS ☐ CARTONS ☐ TANK TRUCK ☐ DUMP TRUCK TYPE: DRUMS BAGS WASTE WASTE □ OTHER (8) GENERATING PROCESS - 2 (6) WASTE CATEGORY **EX. HAZ. WASTE PERMIT NO.** LIST COMPONENTS: □ % □ ppm. Non Hazardous Material WASTE PROPERTIES: pH ☐ Toxic ☐ Flammable Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen 2 Ciquid **Sludge** ☐ Slurry (11) RHYSICAL STATE: 🔲 Solid ☐ Gas ☐ Other ☐ Gloves (12) SPECIAL HANDLING INSTRUCTIONS: ☐ Goggles ☐ Respirator 2-Other\_ GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described packaged, marked, labeled, and age in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 TRANSPORTER (HAULER MUST COMPLETE) **ASBURY OIL CO.** (14) NAME CAD028277036 EPA NO. ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 Gardena, California 90249 CITY, STATE, ZIP Signature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) 18 QUANTITY (If Measured) \_ HANDLING OR DISPOSAL METHOD: EPA NO. STATE FEE (If Anv) ☐ Surface Impoundment andfill PHONE NO. ☐ Injection Well ☐ Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify). SHIPMENT: Recovery or Reuse ☐ Storage/Transfer。 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: (22) NAME EPA NO.

Signature of Authorized Agent and Title

Date Accepted